

|  |
|--|
| <p align="center"><b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES</b><br/> <b>PROPERTY, EQUIPMENT and OUTSTANDING ACCOUNTS ACKNOWLEDGEMENT</b></p> |
|--|

This form is to acknowledge that I have been assigned state property and equipment for use while employed with the Department of Children and Family Services (DCFS).

I understand that the property and equipment assigned to me is to be used only by me and only for DCFS official business. I agree to do everything in my power to protect and conserve all State-owned property, including equipment and supplies entrusted or issued to me.

I understand that if any property or equipment assigned to me is lost, stolen, damaged, etc., I will notify the DCFS Administrative Services section and my supervisor immediately.

Upon completion of the program/project for which this equipment was issued for my use, or a change in duties which eliminates the need for the equipment, or when requested by my supervisor or section head, all equipment will be returned.

Upon separation from employment, I shall return to my immediate supervisor or property coordinator all assigned state-owned property and/or equipment including but not limited to computers, laptops and accessories; smartphones (Blackberry/iPhone) and accessories; agency records or documents; employee identification cards/badges; credit cards such as LaCarte, travel, fuel, etc.; keys to office, cabinets, etc. In addition, I shall reconcile and settle all outstanding accounts for travel, LaCarte, Travel Card/CBA, unused airline tickets, etc. to include reimbursements and recoupments with the DCFS Fiscal Services section prior to my separation from employment.

I understand that if I fail to return property or equipment assigned to me and/or fail to reconcile and settle outstanding accounts and obligations at the end of my employment, the value of the property and/or outstanding accounts will be offset against the final wages and/or leave payout owed to me.

| <b>Employee's Section</b> |             |
|---------------------------|-------------|
|                           |             |
| Employee's printed name   | Personnel # |
|                           |             |
| Employee's Signature      | Date        |

| <b>Supervisor's Section</b> |             |
|-----------------------------|-------------|
|                             |             |
| Supervisor's printed name   | Personnel # |
|                             |             |
| Supervisor's Signature      | Date        |